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om: CORP.RELATIONS

: sprint.news, [uss.news/sprintintl]sm55

bj: Agreements for Videoconferencing Services - 8-29-90

ntacts: Janis Langley, US Sprint 202-857-1030; after 6 p.m. 703-533-3322
Vince Hovanec, US Sprint 202-857-1030; after 6 p.m. 703-387-1496

For Immediate Release

**SPRINT SIGNS AGREEMENTS ON
VIDEOCONFERENCING SERVICES, EQUIPMENT
FOR U.S. GOVERNMENT AGENCIES**

WASHINGTON, D.C., Aug. 29, 1990 -- US Sprint today announced it had signed agreements for videoconferencing services and equipment designed to encourage and make it easier for government agencies to use the advanced telecommunications service.

As a result of cooperative marketing agreements signed with Compression Labs, Inc. (CLI), San Jose, Calif., and Videoconferencing Systems, Inc., (VSI), Norcross, Ga., US Sprint will provide complete videoconferencing services, including installation, training and maintenance for U.S. government agencies. This one-stop service is available to any federal government organization wanting to use videoconferencing.

US Sprint is in the final stages of negotiating similar cooperative marketing agreements with Midwest Communications Corporation of Edgewood, Ky., a provider of video and broadcast industry systems, and Systems Integration Group (SIG), a Gaithersville, Md., minority-owned business providing full service telecommunication services to government, military and commercial organizations.

- more -

"These cooperative marketing agreements will provide government agencies with a vehicle to easily procure and implement videoconferencing services from US Sprint's Government Systems Division," said Gary D. Forsee, chief operating officer of US Sprint's government systems division (SD), which markets and manages US Sprint's business with the federal government. GSD will be the single point of contact and end-to-end provider for these advanced services to government users.

The marketing agreements cover compressed video equipment and services. CLI markets codecs (the device which converts video images into data for transmission), peripherals for graphics presentations and transportable videoconferencing equipment while VSI also offers a complete line of transportable room equipment as well as codecs and furniture.

As part of its evolving video marketing program, Sprint also will cooperate with GTE Spacenet Corporation of Lean, Va., in a wideband video demonstration for the Internal Revenue Service (IRS). US Sprint will make available to 36 hours of transmission time during the 60-day trial, and GTE Spacenet will provide one mobile uplink antenna and 18 temporary downlink receivers for the IRS nationwide test.

- more -

The IRS wideband video test, scheduled to begin September 18, is intended to demonstrate internally that wideband video is a viable and cost-effective alternative to conventional face-to-face training. In three different wideband training applications studied, training costs dropped to 71 percent.

US Sprint is also offering up to 11 hours of available time to other government agencies who want to try wideband service.

"We think there is a lot of untapped interest for wideband service in the government," said Allen Shay, vice president for sales of the government systems division. Participating agencies will see the same wideband reservation service, network management, audio teleconferencing, and double management capabilities offered through the new federal telecommunications system (FTS2000).

Currently, the FTS2000 contract provides for two types of video service--compressed, which is typically used for economical videoconferencing and transmitted over terrestrial circuits, and wideband or broadcast quality transmission using satellites.

- more -

- 4 -

Compressed videoconferencing services will be provided over US Sprint's Meeting Channel network which currently serves more than 725 locations in 26 countries. All wideband transmissions will be provided by GTE Spacenet.

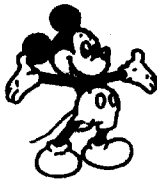
US Sprint is a unit of United Telecommunications, Inc., diversified international telecommunications company based in Kansas City, Mo.

- 30 -

/ZW
2990

Command? CA-

This is not a valid command: 'CA-'



The Walt Disney Company.

SUPPLIER PROFILE QUESTIONNAIRE

TWDC ID NO. _____

- Your prompt return of the original copy of this form will be appreciated. Submission of this form does not constitute approval of your firm as a Walt Disney Company supplier, nor obligate The Walt Disney Company to solicit requests for quotation.
- All questions must be answered. If a question is not applicable to your firm's type of product or service, enter N/A for "Not Applicable," or check the appropriate box.
(Please type or print clearly for reproduction purposes)

IDENTIFICATION

COMPANY NAME MLT Productions	SIC NO. 33-017-9068	DUNN AND BRADSTREET NO. 609071972
MAILING ADDRESS 3912 60th Street Suite 12, San Diego CA 92115	CITY San Diego	STATE CA
PHYSICAL ADDRESS 3912 60th Street Suite 12, San Diego CA 92115	CITY San Diego	STATE CA
PHONE # (619) 286-3533	FAX # (619) 583-6478	NO. OF EMPLOYEES (3 to 30)
TOTAL SALES LAST FISCAL YEAR Under \$100,000.00		YEAR BUSINESS ESTABLISHED 1985
CONTACT PERSON Veronica McCune		
THIS FIRM IS A: <input type="checkbox"/> DIVISION <input type="checkbox"/> SUBSIDIARY <input type="checkbox"/> AFFILIATE <input type="checkbox"/> CORPORATION <input checked="" type="checkbox"/> INDIVIDUAL (SOLE PROPRIETOR) IF INCORPORATED, INDICATE WHICH STATE:		
FULL LEGAL NAME OF PARENT COMPANY:		
STREET ADDRESS OF PARENT COMPANY (MANDATORY)	CITY	STATE
		ZIP (5 DIGIT)

BUSINESS CLASSIFICATION

THIS FIRM IS A:	<input type="checkbox"/> MANUFACTURER	<input type="checkbox"/> DEALER	<input type="checkbox"/> WHOLESALE DISTRIBUTOR	<input checked="" type="checkbox"/> BROKER
	<input type="checkbox"/> SERVICE	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> UNION / <input type="checkbox"/> NON-UNION	Television
FACILITY SIZE (In Sq. Ft.)	MAXIMUM OPERATING RADIUS (In Miles)			MAXIMUM CURRENT BONDING LEVEL (If Applicable)

CAPABILITIES List Product(s) and/or Service(s) Offered and Special Capabilities.

To produce thirteen television shopping programs in the series, 29:30 minutes each, in an infomercial format. For Women, Minorities and Small Business (WMSB) with Corporations buying air time to pay for the productions of each show.

PRINCIPAL OFFICIALS / STOCK OWNERSHIP Please list your companies principal officials and stockholders (Ownership must total 100%).

FULL NAME:	OFFICIAL CAPACITY:	% OWNERSHIP	RACE:	GENDER:	FAMILY RELATIONSHIP (IF ANY)
Veronica McCune	Owner/Producer	100%	Black	Female	
Charlotte Jackson	Associate Producer	0%	Black	Female	
Bill K.Ellis, Sr.	Administrative Analyst	0%	Black	Male	

OWNERSHIP CHECK ALL APPLICABLE BOXES

COMPANY IS AT LEAST 51% OWNED, CONTROLLED AND ACTIVELY MANAGED BY:	<input checked="" type="checkbox"/> MINORITY PERSON(S)	<input type="checkbox"/> WOMAN/ WOMEN
IF MINORITY OWNED, CHECK:	<input type="checkbox"/> ASIAN PACIFIC AMERICAN (INCLUDES ORIENTAL)	<input type="checkbox"/> ASIAN INDIAN AMERICAN (INCLUDES INDIA, PAKISTAN, AND BANGLADESH)
	<input type="checkbox"/> BLACK AMERICAN	<input type="checkbox"/> HISPANIC AMERICAN
	<input type="checkbox"/> NATIVE AMERICAN (INCLUDES AMERICAN INDIAN, AMERICAN ESKIMO, AMERICAN ALEUT, AND NATIVE HAWAIIAN)	

SIZE INFORMATION PLEASE CHECK APPROPRIATE BOX (CHECK ONLY ONE) Please refer to the opposite side of this page for business "TYPE" definitions.

<input type="checkbox"/> FOREIGN OWNED BUSINESS CONCERN (REFER TO DEFINITION 6)	<input type="checkbox"/> MINORITY OWNED BUSINESS CONCERN (REFER TO DEFINITION 3)	<input type="checkbox"/> WOMEN-OWNED BUSINESS CONCERN (REFER TO DEFINITION 4)
<input type="checkbox"/> SMALL BUSINESS CONCERN (REFER TO DEFINITION 2)	<input type="checkbox"/> NON-PROFIT BUSINESS CONCERN (REFER TO DEFINITION 5)	<input type="checkbox"/> LARGE BUSINESS CONCERN (REFER TO DEFINITION 1)

MISCELLANEOUS

HAVE YOU EVER SUPPLIED PRODUCTS/SERVICES TO THE WALT DISNEY COMPANY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, CHECK LOCATION(S) BELOW:
<input type="checkbox"/> CHILDCRAFT <input type="checkbox"/> DISNEYLAND <input type="checkbox"/> WALT DISNEY WORLD	<input type="checkbox"/> WALT DISNEY STUDIOS	<input type="checkbox"/> KCAL-TV <input type="checkbox"/> DISNEY STORES
<input type="checkbox"/> DISNEY DEVELOPMENT CO. / WALT DISNEY IMAGINEERING	<input type="checkbox"/> OTHER (PLEASE SPECIFY):	

YOUR DISNEY CONTACT(S) _____

PHONE: _____

PHONE: _____

LIST CURRENT MBE/WBE CERTIFICATIONS GRANTED (PLEASE ATTACH PHOTOCOPIES)

(NOTE THE WALT DISNEY COMPANY REQUIRES CERTIFICATION OF MBE'S BY THE NATIONAL MINORITY SUPPLIER DEVELOPMENT COUNCIL OR AN AFFILIATE COUNCIL)

CERTIFIED BY: **AT&T, City Of San Diego, US Sprint,** EXPIRATION DATE: _____

THE ABOVE INFORMATION IS CERTIFIED TO BE TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF PRESIDENT OR CEO:

Veronica McCune *CFO/Phd*

DATE:

6/28/94

BUSINESS "TYPE" DEFINITIONS

1. LARGE BUSINESS CONCERNS

A business concern that exceeds the small business size standards established by the Small Business Administration as set forth in code of Federal Regulations, Title 12, Part 121.

2. SMALL BUSINESS CONCERNS

The term "small business concern" shall mean a business as defined pursuant to Section 3 of the Small Business Act and relevant regulations issued pursuant thereto. Generally, this means a small business concern operated for profit, which is independently owned and operated, is not dominant in the field of operations and meets the size standards as prescribed in government regulations. Consult your Regional or District SBA office if further clarification is needed.

3. MINORITY BUSINESS CONCERNS

Minority Business Enterprise is a business concern: (a) which is at least 51 percent unconditionally owned by one or more minority individuals; or, in the case of any publicly-owned business, at least 51 percent of the stock of which is owned by one or more minority individuals; and (b) whose management and daily business operations are controlled by one or more of such individuals.

Business owners who certify that they are members of named groups (Black Americans, Asian Americans, Hispanic Americans, and Native Americans) are to be considered minority, and other minorities found to be disadvantaged by the Administration pursuant to Section 8(a) of the Small Business Act.

Black American - A U.S. citizen having origins in any of the Black racial groups of Africa, and regarded as such by the community of which the person claims to be a part.

Hispanic American - A U.S. citizen of true-born Spanish heritage (true-born meaning "authentically" or "genuinely" as per Webster), from any of the following countries: Mexico, Puerto Rico, Cuba, Central or South America. The Hispanic may not have European Ancestors other than Spanish.

Native American - A person who is American Indian, Eskimo, Aleut or Native Hawaiian, and regarded as such by the community of which the person claims to be a part. Native Americans must be documented members of a North American Tribe, band or otherwise organized group of native people who are indigenous to the Continental United States or who otherwise have a special relationship with the United States or a state through treaty, agreement or some other form or recognition. This includes as individual who claims to be an American Indian and who is regarded as such by the Indian Community of which the person claims to be a part.

Asian American - A U.S. citizen who's origins are from Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Samoa, Guam, the U.S. Trust Territories of the Pacific of the Northern Mariana Islands, India, Pakistan or Bangladesh and who is regarded as such by the community of which the person claims to be a part.

4. Women-owned Business Concerns

The term "women-owned business" means small business concerns that are at least 51 percent owned by women who are United States citizens and who also control and operate the business. **Control**, as used in this clause, means exercising the power to make policy decisions. **Operate**, as used in this clause, means being actively involved in the day-to-day management of the business.

5. Non-Profit Business Concerns

Any organization not conducted or maintained for the purpose of making profit. Included in this category but not limited to, are work shops, universities, colleges and local, state and federal governments.

6. Foreign-Owned Business Concerns

An organization is considered to be foreign if the basic contractual and legal responsibilities for its operation reside outside the 50 United States, its territories and possessions.

RETURN COMPLETED FORM TO:

The Walt Disney Company
P.O. Box 10,000
Lake Buena Vista, Florida 32830-1000

ATTN: Malik Ali, Director
Minority Business Enterprise Program Administration
PHONE: 407/ 828-3586
FAX: 407/ 828-2317

1994 IEPC MINORITY BUSINESS OPPORTUNITY DAY TRADE FAIR

Thursday, June 16, 1994
Ontario Airport Hilton
700 North Haven
Ontario, California

SUPPLIER REGISTRATION

Company or Organization _____
Division _____
Street Address _____
City _____ State _____ Zip Code _____
Telephone () _____ FAX () _____

We will be attending:

Breakfast (\$20.00) _____ Trade Fair (\$25.00) _____

Our Company will be represented by the following persons:

NAME (Please print)	TITLE
_____	_____
_____	_____
_____	_____
_____	_____

Date established _____ No. of Employees _____ 1993 Sales _____

American Minority Group owning or controlling company:

Asian () Hispanic ()
Black () American Indian ()
Eskimo-Aleut () Other _____ (specify)

NOTE: MUST PRE-PURCHASE BREAKFAST TICKETS BY JUNE 3RD

Please mail registration and check payable to:

Inland Empire Purchasing Council- Wilshire Boulevard - Suite 604
Los Angeles, CA 90010-1722 (213) 380-7114

**INLAND EMPIRE PURCHASING COUNCIL
4TH ANNUAL MBOD TRADE FAIR**

Thursday, June 16, 1994
Ontario Airport Hilton
700 North Haven
Ontario, California

Trade Fair breakfast will begin: 8:00 a.m.
Cost per person: \$20.00

Master of Ceremonies - Jeff Kennedy, renown radio and
sports announcer for the Inland
Empire.

Guest speaker - Susan Linn, topic "Effective Networking".

Trade Fair exhibit hours are: 9:30 a.m. to 12:30 p.m.

Booth fee: \$200.00 (6 foot draped table)

Supplier registration: \$25.00 per person

For more information contact: Faye Graybeal
Lockheed Aircraft Service
P.O. Box 33
Dept. 1580/Bldg. R12
Ontario, California 91761-0033
(909) 395-2486
(909) 395-2699 FAX

(See over)

Cessna Aircraft Company SUPPLIER PROFILE QUESTIONNAIRE



I. COMPANY IDENTIFICATION

Full Company Name MKT Productions Date 10-6-94
 Address 3912 60th Street Suite 12
 City San Diego Mailing Address _____ State Ca P.O. Box _____ Zip Code 92115
 Contact Person Terencia Mc Cune Title President
 Phone # (619) 286-3533 Fax # (619) 283-6478
 Tax ID # _____ Duns # _____

Total Sales

Years in Business

Number of Employees

II. OWNERSHIP AND BUSINESS CLASSIFICATION

Ownership

Check One

☐ Large

☐ Small

☒ Small Disadvantaged

Check All That Apply

☐ NonProfit or Handicapped Affiliated

☒ Women-Owned

☐ Foreign-Owned

☐ Veteran

☐ Labor Surplus

If Small Disadvantaged Check One of the Following Groups

☐ Asian Pacific (Oriental)

☒ Black

☐ Native American

☐ Asian Indian (India etc.)

☐ Hispanic

☐ Other

Business Classification

☒ Sole Proprietorship

☐ Corporation

☐ Subsidiary

☐ Partnership

☐ Joint-Venture

☐ Other

For Joint-Venture or Subsidiary:

Name of Parent Company _____

Contact Person at Parent Company

Telephone

III. PRINCIPAL PRODUCTS/SERVICES

Business Type (Give Percent for Each Area—Total Must Equal 100%)

☒ ~~15%~~ Distributor

☐ Construction

☐ Service

☐ Dealer

☐ Manufacturer

☐ Other

☐ Research & Dev.

For Manufacturer: Size of Facility 2000 Square Feet

For Research & Development: # of Engineers & Scientists _____

Expertise of Key Personnel _____

BOEING POTENTIAL SUPPLIER PROFILE QUESTIONNAIRE - INSTRUCTIONS

1. Your prompt return of the original copy of this form will be appreciated. Submission of this form does not constitute approval of your firm as a Boeing supplier, nor obligate Boeing to solicit requests for quotation.
2. The data on this form will be used to evaluate the potential of your firm as a Boeing supplier. All questions must be answered. If a question is not applicable to your firm's type of product or service, enter N/A for "Not Applicable," or check the appropriate block. (Please type or print clearly for reproduction purposes.)

IDENTIFICATION

COMPANY NAME _____
MAILING ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____
Area Code _____ Number _____

EMPLOYER ID NO. (if available) _____
DUNS NO. (if available) _____
TOTAL SALES LAST FISCAL YEAR _____
YEAR BUSINESS ESTABLISHED _____
NAME OF CONTACT _____
NUMBER OF EMPLOYEES _____

BUSINESS TYPES: Please estimate the percentage of your business allocated to the following (total must equal 100%) and complete the appropriate Section(s).

MANUFACTURING/SUPPLIES

%

CHECK APPLICABLE BOX(ES)

☐ Manufacturer ☐ Dealer ☐ Wholesale Distributor

MANUFACTURING FACILITY SIZE _____ SQ. FT.

RESEARCH & DEVELOPMENT

%

No. of Engineers and Scientists _____

Expertise of key personnel _____

CONSTRUCTION

%

MAXIMUM CURRENT BONDING LEVEL \$ _____ if available
MAXIMUM OPERATING RADIUS _____ Miles
Anywhere in United States, Enter 3999 Above
Anywhere in the World, Enter 9999 Above

SERVICES

%

MAXIMUM CURRENT BONDING LEVEL \$ _____ if available
MAXIMUM OPERATING RADIUS _____ Miles
Anywhere in United States, Enter 3999 Above
Anywhere in the World, Enter 9999 Above

CAPABILITIES (limit 32 words, no abbreviations)

List products, services, special capabilities, and important categories under which you want your business listed. The system searches businesses based on the capabilities you list in this section.

CODES (if not available, leave blank)

Standard Industrial Classification (SIC) Code(s):

Federal Supply Classification/Commodity/Product Service Code(s):

DO YOU HAVE A FORMAL QUALITY ASSURANCE SYSTEM?

YES ☐ NO ☐ INDICATE TYPE OR SOURCE OF APPROVAL: _____

EXPORTS (check one box)

☐ ACTIVE EXPORTER
☐ INTERESTED IN EXPORTS
☐ NOT INTERESTED IN EXPORTS

OWNERSHIP (check all applicable boxes)

Company is at least 51% OWNED, CONTROLLED, and ACTIVELY MANAGED BY:

- ☐ VETERANS
☐ CHECK IF ANY SERVICE WAS IN THE VIETNAM ERA (1964-1975)
☐ WOMAN/WOMEN
☐ IF MINORITY PERSON(S)

- ☐ BLACK AMERICAN ☐ HISPANIC AMERICAN
☐ NATIVE AMERICAN (includes American Indian, Eskimo, Aleut, and Native Hawaiian)
☐ ASIAN/INDIAN AMERICAN (includes India, Pakistan, and Bangladesh)
☐ ASIAN/PACIFIC AMERICAN (includes Asia, Indian Subcontinent, Pacific Island & Orientals)

SIZE INFORMATION

- | | |
|--|---|
| <input type="checkbox"/> Foreign-Owned Business Concern (Refer to definition No. 7 on the opposite side) | <input type="checkbox"/> Non-Profit Business Concern (Refer to definition No. 6 on the opposite side) |
| <input type="checkbox"/> Small Business Concern (Refer to definition No. 1 on the opposite side) | <input type="checkbox"/> Large-Women-Owned Business Concern (Refer to definition Nos. 2 and 3 on the opposite side) |
| <input type="checkbox"/> Large Business Concern (Refer to definition No. 2 on the opposite side) | <input type="checkbox"/> Small-Women-Owned Business Concern (Refer to definition Nos. 1 and 3 on the opposite side) |
| <input type="checkbox"/> Small-Disadvantaged Business Concern (Refer to definition No. 5 on the opposite side) | <input type="checkbox"/> Large-Minority Women-Owned Business Concern (Refer to definition Nos. 3 and 4 on the opposite side) |
| <input type="checkbox"/> Large-Minority Business Concern (Refer to definition Nos. 4 and 5 on the opposite side) | <input type="checkbox"/> Small-Disadvantaged Women-Owned Business Concern (Refer to definition Nos. 3 and 5 on the opposite side) |

PLEASE REFER TO THE OPPOSITE SIDE OF THIS PAGE FOR BUSINESS TYPE DEFINITIONS

QUALITY CONTROL (Q.C.) INFORMATION

DO YOU HAVE A Q.C. MANUAL?
☐ YES ☐ NO

ARE Q.C. PROCEDURES BASED ON

☐ MIL-Q-9858A ☐ MIL-I-45208 ☐ MIL-STD-1520A ☐ OTHER (IDENTIFY) _____

Signature of Person Filling Out Form

Title

Date

IMPORTANT ATTENTION SMALL BUSINESS OWNERS: The information that you provide in this questionnaire will be forwarded to the U.S. Small Business Administration (SBA) Procurement Automated Source System (PASS) unless you request otherwise. PASS is a computer listing designed for small business seeking to do business with federal government agencies and government prime contractors. A PASS listing will identify your company and your capabilities to the government agencies and major contractors when they are searching for potential bidders on contract and subcontract activities. To authorize your company's listing in PASS, please mark the following block ☐. If your firm is currently listed in PASS, please mark this block ☐.

Information Contained in This Profile May Be Disclosed by the Small Business Administration

Signature of Company Officer

Title

Date

For SBA Use Only

BUSINESS "TYPE" DEFINITIONS

1. SMALL BUSINESS CONCERN

The term "small business concern" shall mean a business as defined pursuant to Section 3 of the Small Business Act and relevant regulation issued pursuant thereto. Generally, this means a small business concern organized for profit which is independently owned and operated, is not dominant in the field of operations in which it is bidding, and meets the size standards as prescribed in Government regulations. Consult your Regional or District Small Business Administration office if further clarification is needed.

2. LARGE BUSINESS CONCERN

A business concern that exceeds the small business size code standards established by the Small Business Administration as set forth in code Federal Regulation, Title 13, Part 121.

3. WOMEN-OWNED BUSINESS CONCERN

The term "women-owned business" is a business that is at least 51% owned by a woman or women who also control and operate it. "Control", in this context, means exercising the power to make policy decisions. "Operate" in this context, means actively involved in the day-to-day management.

4. MINORITY-OWNED - LARGE BUSINESS CONCERN

A concern which meets the criteria and definition in category No. 5, but which is not a small business by the U.S. Small Business Administration standards.

5. DISADVANTAGED - SMALL BUSINESS CONCERN

The term "small business concern owned and controlled by socially and economically disadvantaged individuals" shall mean a small business concern which is at least 51 percentum owned by one or more socially and economically disadvantaged individuals or, in the case of any publicly owned business, at least 51 percentum of the stock which is owned by one or more socially and economically disadvantaged individuals. "Socially and economically disadvantaged individuals" include Black Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans, Asian Indian Americans, and other minorities, or individuals found to be disadvantaged by the Small Business Administration pursuant to Section B(a) of the Small Business Act. The term "Native Americans" include American Indians, American Eskimos, American Aleuts, and Native Hawaiians. The term "Asian-Pacific Americans" includes United States citizens whose origins are from Japan, China, the Philippines, Viet Nam, Korea, Samoa, Guam, the U.S. Trust Territories of the Pacific, Northern Marianas, Laos, Cambodia, and Taiwan. The term "Asian Indian Americans" includes U.S. citizens whose origins are from India, Pakistan and Bangladesh.

6. NON-PROFIT BUSINESS CONCERN

Any organization not conducted or maintained for the purpose of making profit. Included in this category are sheltered workshops, university colleges, and local, state and federal governments.

7. FOREIGN-OWNED BUSINESS CONCERN

A business concern is considered to be foreign if it has its principal place of business outside the United States and is not incorporated within the United States.

List 3 major customers. Indicate contact and phone number.

List 3 credit references to include contact's name and phone number.

Indicate past year's gross sales to all customers _____ Attach copy past year's financial statement.

Indicate bank reference including name of loan officer or account manager: _____

Name of factor (if any): _____

Supplier Comment: _____

Construction And Service Companies Only

Construction or Services represented: ☐ General ☐ Heavy ☐ Masonry ☐ Carpentry ☐ Concrete ☐ Plumbing ☐ Electrical ☐ Cleaning ☐ Security ☐ Messenger
If other, list: _____

Indicate maximum bonding capacity and bonding agency: _____

List recent projects (including dollar amount) completed and in process: _____

Can you work ☐ Union ☐ Non Union ☐ Both (Explain) _____

Capability to work in geographical areas other than immediate area: ☐ Yes ☐ No Explain: _____

CPenney Notes (For internal use only):

D & B Rating _____

Supplier Interviewed By _____ Dept. _____ Phone _____ Location _____ Date _____

Please Comment: _____

Plant Visited By: _____ Dept. _____ Date _____ Please Comment: _____

Dun's Code	Date
	/ /

Company Information Company _____ Address _____ Phone (____) _____ Contact _____ Sales Mgr. _____ <input type="checkbox"/> Direct Sales Representative <input type="checkbox"/> Manufacturing Agent Representative <input type="checkbox"/> Free Lance: Artist, Photographer, etc. Please List: _____ Social Security No. _____ Resale No. _____		List Names/Titles Of Key Management _____ _____ _____ Number Of Employees Company Wide: _____ Corporate Tax I.D. No.: _____ Insurance Carrier: _____ (attach certificate) For Common Carrier indicate scope of I.C.C. and/or P.U.C. Authority by attaching Certificate(s) or Permit.		Plant Address (if different from address at left) _____ _____ Phone (____) _____ Plant Manager _____ Prod. Control _____ Quality Control _____ Traffic Manager _____ Number of Employees This Location _____ Rail Facilities <input type="checkbox"/> Yes <input type="checkbox"/> No Union Affiliation: (if any) National _____ Local _____ Expiration Date: ____ / ____ / ____																					
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor This firm owned and controlled by minority or minority group? <input type="checkbox"/> Yes <input type="checkbox"/> No Member Regional Minority Purchasing Council? <input type="checkbox"/> Yes <input type="checkbox"/> No Council Name _____ Advise % of ownership held by minority or minority group and minority classification % _____			Contract Terms: Payment Date _____ F.O.B. _____ Indicate whether you are <input type="checkbox"/> Manufacturer <input type="checkbox"/> Stocking Distributor If stocking distributor, indicate current dollar inventory for which you hold title. _____																						
Describe products and/or services offered (Attach a catalog or brochure, if available): _____ _____ _____																									
List equipment used to manufacture your product and/or service. Attach separate page, if necessary. Common Carrier indicate number of pieces and types of equipment leased or owned in your fleet.) _____ _____ _____																									
Have you previously, or are you presently doing business with JCPenney? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give the following: <table style="width: 100%;"> <thead> <tr> <th style="text-align: center;">Department</th> <th style="text-align: center;">Location</th> <th style="text-align: center;">JCPenney Contact</th> <th style="text-align: center;">Phone</th> <th style="text-align: center;">Product/Service</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>(____) _____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>(____) _____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>(____) _____</td> <td>_____</td> </tr> </tbody> </table>						Department	Location	JCPenney Contact	Phone	Product/Service	_____	_____	_____	(____) _____	_____	_____	_____	_____	(____) _____	_____	_____	_____	_____	(____) _____	_____
Department	Location	JCPenney Contact	Phone	Product/Service																					
_____	_____	_____	(____) _____	_____																					
_____	_____	_____	(____) _____	_____																					
_____	_____	_____	(____) _____	_____																					

Beech Aircraft Corporation
PO Box 2903
Wichita, KS 67201-2903
USA

Advertising

Beechcraft
A Raytheon Company

SUPPLIER FACILITY INFORMATION

M-L-T Productions
COMPANY NAME
3912 60th Street Suite 125 D. C. 92165
MAILING ADDRESS CITY STATE ZIP
(619) 286-3533 *1-35* *10*
FAX NO. OF EMPLOYEES YEAR BUSINESS ESTABLISHED

CONTACT PERSON TITLE PHONE

1. Company is:

- ☐ A Manufacturer
☐ A Distributor
☐ A Company-owned Sales Office
☐ A Manufacturer's Representative
☒ Other *Marketing*

2. Company is:

- ☐ Large Business
☐ Small Business
☒ Small Disadvantaged Business
☒ Women Owned
☐ Located in Labor Surplus Area

NOTICE: In accordance with U.S. C. 545(d), any person who misrepresents a firm's status as a small business concern shall (1) be punished by imposition of a fine, imprisonment, or both; (2) be subject to administrative remedies; and (3) be ineligible for participation in programs conducted under the authority of the Small Business Act.

Definitions:

Small Business - firms which employ 500 persons or less. **Small Disadvantaged Business** - small business firms in which at least 51% of the company is owned by one or more socially or economically disadvantaged individuals (Black Americans, Hispanic Americans, Asian-Pacific Americans, and Native Americans). **Women Owned** - firms in which at least 51% of the company is owned by one or more women. **Labor Surplus Area** - categories may be defined by consulting your local Department of Labor Office.

3. List general product or services which you supply.

4. List any aircraft industry customers you have served.

5. Average annual sales volume This is a new television program

6. Is your Quality Control system approved under the latest revision of MIL-I-45208 or MIL-Q-9858 ☐ yes ☐ no, or other Quality Control procedures ☐ yes ☐ no.

7. Approximate square footage of plant area _____

8. Is your company presently cleared by the Government for classified matters ☐ yes ☐ no.

If yes, indicate level of clearance Not Needed

Agency granting clearance _____

9. Indicate union affiliation(s). If none, so state.

10. Do any employees of Beechcraft control or own a significant part of your company

☐ yes ☒ no.

Applicants are encouraged to furnish any additional information for our files that would enable us to determine the capabilities of the applicant, including available brochures and descriptions of plant equipment.

Date _____ Prepared by _____

Please return one copy of this form to:

Beech Aircraft Corporation
Material Division
Attn: Small Business Coordinator
P O Box 2903
Wichita KS 67201-2903

VENDOR QUESTIONNAIRE**Minority Business Enterprise (MBE)/Women's Business Enterprise (WBE) Purchasing Program**

A Minority Business Enterprise (MBE) is defined as a business with at least 51 percent minority ownership or, in the case of a corporation, at least 51 percent of the stock is owned by minority persons, and which has its management and daily operations controlled by one or more minorities. A Women's Business Enterprise (WBE) is defined as a business with at least 51 percent women ownership, or in the case of a corporation, at least 51 percent of the stock owned by women, and which has its management and daily operations controlled by one or more women.

Please type your answers to the following questions in the space provided (attach additional sheets if necessary). The information provided is not for public disclosure, but shall be used primarily for regulatory purposes. If there are any questions please feel free to contact our MBE/WBE Program Administrator at 213-345-1495.

1. Company Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ Owner: _____

2A. Is the ownership of the company?

☐ Native American ☐ Black ☐ Asian or Pacific ☐ Hispanic ☐ Non-Minority

2B. Is the ownership of the company? ☐ Woman Owned ☐ Other (specify): _____

2C. Is/Are the owner(s) of the company U.S. Citizen(s)? ☐ No ☐ Yes

(This Question is necessary to comply with Federal Regulations)

3. Is the company a? ☐ Sole Proprietorship ☐ Partnership ☐ Corporation

4. If not a sole proprietorship, please list all persons owning more than 10 percent of the company and the percentage owned.

5. Give a short summary of the company's history and any other pertinent information:

6. Is the company a manufacturer's representative? ☐ No ☐ Yes (If yes, list product lines carried.)

7. Is the company? ☐ A manufacturer ☐ A printer ☐ Other: _____

8. List specific type and make of equipment used by the company:

9. List work the company has completed for major clients. *(These will be used as references):*

<i>Company Name</i>	<i>Type of Work</i>	<i>Completion Date</i>	<i>Amount Charged</i>	<i>Reference Name</i>	<i>Phone Number</i>
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10. List the company's credit references:

11A. Has your business ever been certified as a minority or woman business enterprise by any agency? ☐ No ☐ Yes

11B. If yes, provide the name of the agency and date of such action.

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

I certify that all the information is true and correct to the best of my knowledge, information, and belief.

SIGNATURE

PRINT OR TYPE NAME

TITLE

Return to: MBE/WBE Program Administrator
Bank of America
Purchasing Administration #5848
P.O. Box 37000
San Francisco, CA 94137

Introduction

Capable and competitive suppliers are a major asset to every business. Therefore, Bank of America spends considerable time and effort to locate suppliers who can provide quality goods and services at a fair price.

Minority and Women's Business Enterprises (MBE/WBE) are key contributors to our purchasing goals and objectives at Bank of America. The Program provides a "link" between Minority and Women's Business Enterprises and Bank of America departments. As a central referral service, the Program Administrator assists qualified businesses in contacting the right Bank purchasing unit(s) for their products and services.

Bank of America purchases millions of dollars worth of products and services annually from a large and diverse supplier base in the United States. The purpose of the MBE/WBE program is to provide equal opportunity to qualified suppliers to compete and participate in the Bank's procurement award process for goods and services.

Policy

It is the policy of Bank of America to promote and increase the participation of minority and women's business enterprises in our purchasing and contractual business. To the extent practicable, maximum opportunity shall be given to qualified businesses to participate as suppliers and contractors to Bank of America.

Each qualified supplier is provided equal opportunity to compete and participate in the Bank's procurement process subject to all the established purchasing policies and procedures.

Definition of Terms

A Minority Business Enterprise (MBE) is defined as a business with at least 51 percent minority ownership or, in the case of a corporation, at least 51 percent of the stock is owned by minority persons and which has its management and daily operations controlled by one or more minorities. Minority classifications include Black, Hispanic, Native Americans and Asian or Pacific.

- **Black** – A person with origins in any of the black racial groups of Africa who is also not of Hispanic origin.
- **Asian or Pacific** – A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Republic, and Samoa.
- **Native Americans** – A person with origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.
- **Hispanic** – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

A Women's Business Enterprise (WBE) is defined as a business with at least 51 percent women ownership, or in the case of a corporation, at least 51 percent of the stock owned by women and which has its management and daily operations controlled by one or more women.

Product & Service Categories

Purchasing under the program is intended to encompass all goods and services including, but not limited to, office equipment and supplies, furniture, construction services, computer hardware/software, printing, consulting services and personnel services.

Getting Started

MBE/WBE firms can make initial contact with Bank of America through the Program Administrator in the Purchasing Department. The Program Administrator will review the suppliers qualifications and locate the appropriate purchasing unit(s) within the Bank and establish a communication link between the parties.

The following procedure should be utilized when contacting Bank of America:

- Call the Purchasing Department and let the Program Administrator know about your company.
- A "Vendor Questionnaire" requesting detailed information about your business capabilities will be mailed to your company.
- Complete and return the questionnaire along with any additional information you feel would be of benefit in describing your company.
- The Program Administrator will review your qualifications and send you a letter referencing the name and location of the Bank contact(s). A letter, along with a copy of your completed questionnaire, will also be mailed to the referenced contact(s) introducing your firm.

- Write or call the Bank contact(s) and set up an appointment.
- If requested, provide additional information about your company's qualifications.
- Call the Program Administrator if you have questions or need further assistance.

All potential suppliers should be aware that it takes quality products and services, competitively priced, to gain access to the Purchasing Department. There is no guarantee that a purchase order will be issued or a contract awarded. The purpose of the Program is to provide MBE & WBE firms with an equal opportunity to compete in the Bank's purchasing process.

Who to Call

For more information on Bank of America's MBE & WBE program, call or write:

Ken Damozonio
Vice President
 MBE/WBE Program Administrator
 Purchasing Administration #5848
 Northern California
 Bank of America
 P.O. Box 37000
 San Francisco, CA 94137
 (510) 449-2771

Joyce B. Tabak
Vice President
 MBE/WBE Program Administrator
 Purchasing Administration #4231
 Southern California
 Bank of America
 333 South Beaudry Avenue
 Los Angeles, CA 90017
 (213) 345-1495



**DOING BUSINESS
 WITH BANK OF
 AMERICA**

**A Guide For
 Minority And
 Women's Business
 Enterprises**



JCPenney Minority and Women-Owned Business Profile

Company Name MLT Productions Date 9/7/94

Address 3912 60th Street, Suite 12

City San Diego State CA Zip 92115

Company Representative Veronica McCune Phone (619) 286-3533

Type of Business Productions - Television

Certifying Agency City and County Of San Diego
(Please attach copy of certificate)

Are the owners of your company U.S. Citizens? ☒ YES ☐ NO

Tax ID or Social Security Number 330179068

Total Number of Employees 1-35

Last Year's Sales \$ 50,000

Dun & Bradstreet Number 609071972

Please include any other pertinent information regarding your business such as financial statements, credit references, geographical limitations, and brochures or photos of your product. Please do not send merchandise samples at this time.

Return this form to:

Minority and Women-Owned Supplier Development
J. C. Penney Company, Inc.
P.O. Box 10001
Dallas, TX 75301-3117

POLAROID CORPORATION SUPPLIER IDENTIFICATION PROFILE

DATE: _____

NEW: _____ UPDATE: _____

SIC CODE: _____

COMPANY NAME: _____

MAILING ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ PHONE #: _____ FAX #: _____

CONTACT PERSON: _____ TITLE: _____

DATE CO. EST.: _____ SOLE PROPRIETOR: _____ PARTNERSHIP: _____ INCORPORATED: _____

TAX IDENTIFICATION NUMBER: _____ OR SOCIAL SECURITY NUMBER: _____

OWN OR LEASE FACILITIES: _____ EXPIRATION DATE OF LEASE: _____

FACILITY SPACE: OFFICE: _____ SHOP: _____ WRHS: _____ TOTAL: _____

NO. OF EMPLOYEES: PROFESSIONAL: _____ MFG: _____ SALES: _____ OTHER: _____ TOTAL: _____

GROSS SALES: LAST YEAR: _____ THIS YEAR: _____ PROJ. NEXT YEAR: _____

PRICING BASIS: BID QUOTE: _____ PRICE LIST: _____ REGULATED: _____ AS REQUIRED: _____

MARKET AREA: LOCAL: _____ STATEWIDE: _____ REGIONAL: _____ NATIONAL: _____ INTERNATIONAL: _____

NARRATIVE DESCRIPTION OF PRODUCTS/SERVICES: _____

BUSINESS SIZE AND OWNERSHIP:

BUSINESS DESCRIPT.: LARGE BUS.: _____ SMALL BUS.: _____ SMALL DISADVANTAGED: _____ WOMEN-OWNED: _____

BLACK _____ HISPANIC _____ NATIVE-AMERICAN _____ ASIAN-PACIFIC _____

ASIAN-INDIAN _____ OTHER _____ % MALE _____ % FEMALE _____ (% ownership)

MINORITY BUSINESS COUNCIL CERTIFIED: YES: _____ NO: _____ SOMWBA CERTIFIED: YES: _____ NO: _____

(IF CERTIFIED, PLEASE ENCLOSE A COPY OF YOUR CERTIFICATE.)

(CONTINUED ... REVERSE SIDE)

SPEC. CAPABILITIES: _____

TYPES OF Q.C. PERFORMED: _____

EQUIPMENT LIST: _____

LIST THREE SIGNIFICANT CLIENTS:

<u>COMPANY NAME</u>	<u>ADDRESS</u>	<u>BUYER</u>	<u>% OF SALES</u>
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COMMENTS:

KEY CONTACT PERSONS:

NAME: _____ TITLE: _____ YRS. EXP.: _____

NAME: _____ TITLE: _____ YRS. EXP.: _____

INFORMATION SUPPLIED BY:

PRINT NAME: _____ PRINT TITLE: _____

SIGNATURE: _____ DATE: _____

COMPLETED PROFILE MUST BE RETURNED TO: POLAROID CORPORATION, PURCHASING
DIVISION, JOHN W. CARRINGTON, SR., 565 TECHNOLOGY SQUARE - 1K, CAMBRIDGE, MA,
02139-3586 - RETURN ENVELOPE ENCLOSED.